ATTORNEY FOR UTILITY OR COMPLETE IF KNOWN **DESIGN PATENT APPLICATION** Application Number 10/577,887 Declaration □ Declaration Filing Date April 28, 2006 Submitted OR Submitted after Initial Group Art Unit With Initial Filing (surcharge (37 CFR 1.16 (e)) Filing Examiner Name required) I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: SURGICAL INSTRUMENTS FOR USE IN THE IMPLANTATION OF TISSUE REPAIR KIT (Title of the Invention) the specification of which П is attached hereto OR \boxtimes was filed on (MM/DD/YYYY) 10/27/2004 as United States Application Number or PCT International Application Number PCT/GB2004/004537 and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed. Prior Foreign Application Foreign Filing Date Priority Certified Copy Attached? Not Claimed Number(s) Country (MM/DD/YYYY) Country YES NO GB0325277.2 GB 10/28/2003 П П П П П П П П

Attorney Docket Number

First Named Inventor

DECLARATION AND POWER OF

7881.15

Bahaa Botros Seedhom

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION — Utility or Design Patent Application

I hereby appoint:							
☑ Practitioners associated with the Customer Number: 21999							
OR							
☐ Practitioner(s) named below:							
Name Registration Number							
Evan R. Witt		32.512					
EVAILE, VVIII		52,312					
as my attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.							
Direct all correspondence to: X The address associated with Customer Number		999	OR	Correspor	dence address below		
Name							
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor							
NAME OF SOLE OR FIRST INVENTOR:	A petition	n has been fi	led for this u	ınsigned inver	ntor		
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Given Name (first and middle [if any]) Bahaa Botros Inventor's Signature Residence: City	A petition	Family Nam	Date	Seedhom /6/06 Citizenship			
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 1

Name of additional joint inventor, if any						
	<u> </u>	A petition has been filed for this unsigned inventor				
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Mailing Address						
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Name of Additional Joint Inventor, If any:						
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature			Date			
Residence: City	State	Country	Citizenship			
Mailing Address						
Mailing Address						
City	State	Zip	Country			